

1 The Honorable Lauren King
2
3
4
5
6
7
8
9

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF WASHINGTON
AT SEATTLE**

10 STATE OF WASHINGTON, et al.,

NO. 2:25-CV-244

11 Plaintiffs,

DECLARATION OF CEO-MN-1
IN SUPPORT OF PLAINTIFFS'
MOTION FOR PRELIMINARY
INJUNCTION

12 v.
13
14 DONALD J. TRUMP, in his official
capacity as President of the United States,
15 et al.,

NOTE ON MOTION CALENDAR:
FEBRUARY 28, 2025

16 Defendant.

1 I, CEO-MN-1, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make
 3 this declaration based on my personal knowledge as well as through administrative personnel
 4 who have assisted me in gathering this information from the institution I lead.

5 2. I am the CEO of an integrated health system located in Minnesota that includes
 6 an acute care hospital, a clinic system with primary and specialty care, and many other
 7 functions.

8 3. In this declaration, I am using the pseudonyms of "MN-1" to refer to the health
 9 system that I lead and "CEO-MN-1" to refer to myself. I am doing so to protect myself and the
 10 health system that I lead from harassment, injury, and retaliation. I am concerned that the
 11 extreme partisanship and political climate related to the topics I will speak to in this declaration
 12 could lead to retaliation against me or the health system that I lead. Retaliation in the form of
 13 changes to federal funding to MN-1, harassment of MN-1-affiliated providers, or other methods
 14 could be devastating and disrupt our ability to provide medically necessary care to many
 15 patients. Putting a spotlight on our institution could also threaten the patients we serve. If I were
 16 not able to use these pseudonyms, I would be unwilling to provide this declaration. I believe the
 17 information I am providing is important for the court to consider given the potential for
 18 widespread harm to patients who require, and providers and health systems that provide, gender-
 19 affirming care and I have requested to use these pseudonyms to balance these concerns.

20 4. MN-1 generates more than a billion dollars in gross revenue annually and has
 21 thousands of employees. MN-1 receives greater than \$50M in federal grants annually. If the
 22 federal government were to stop providing all research and education grants to MN-1 related to
 23 gender affirming care, the impacts would be devastating. An immediate federal funding cut
 24 would impact multiple grants, which are currently underway. This would result in a loss of
 25 approximately \$5M in funding this year, and a loss of greater than \$10M decrease in funding
 26 overall.

27 5. I am not aware of MN-1 having ever received federal grant funding contingent
 28 upon MN-1 *not* providing patients a particular type of medical treatment or medical care.
 29 Indeed, I am not aware of this type of funding condition having ever been placed on MN-1.

30 6. MN-1 provides medically necessary gender-affirming care to patients in
 31 Minnesota and the surrounding area. MN-1 has multiple providers who provide this care to
 32 patients.

33 7. MN-1 strives to provide patient-centered and inclusive care to all patients,
 34 including transgender and gender non-binary patients. Gender-affirming care provided at MN-
 35 1 includes multidisciplinary medical and psychological assessment care for patients
 36 experiencing gender incongruence.

37 DECLARATION OF CEO-MN-1

38 ATTORNEY GENERAL OF MINNESOTA
 39 75 Rev. Dr. Martin Luther King, Jr. Blvd.
 40 State Capitol, Suite 102
 41 St. Paul, MN 55155
 42 (651) 296-3353

1 8. Pediatric gender care is an integrated, interdisciplinary medical and mental
 2 health subspecialty clinic within the larger pediatric clinic at MN-1. The clinic serves over 200
 3 patients, and grows monthly with new referrals, and increasingly receives referrals from regions
 4 that are unable to access gender-affirming care. Increasingly, MN-1 serves patients who have
 5 moved from states where they are unable to access care.

6 9. Gender care partners with psychologists to provide mental healthcare and
 7 psychotherapy to patients struggling with gender dysphoria. We supervise and provide
 8 medically necessary hormone replacement therapy for patients who are deficient in either
 9 testosterone or estradiol which is the exact same treatment that cisgender patients receive for
 10 the same conditions. In addition, we provide many clinically appropriate cares, like cancer
 11 screening, for patients.

12 10. All patients undergo a collaborative medical and mental-health intake, including
 13 assessment of gender identity, any gender-related stressors, symptoms of gender dysphoria, as
 14 well as comorbid mental health or eating disorder concerns, and other medical issues. No
 15 specific medical intervention is prioritized when discussing patient gender identity. An
 16 exploratory and developmentally appropriate approach is utilized in helping the patient and
 17 family. If gender-related medical intervention is pursued, it is only after multiple lengthy
 18 discussions of risks, potential benefits, and assessment of both caregiver and youth
 19 understanding. This is all done in line with applicable patient care best practice guidelines.
 20 Patient response, satisfaction, and observation of any adverse effects is monitored closely and
 21 longitudinally. This reduces the burden on the family and leads to more holistic and
 22 comprehensive care in keeping with the best practices for serving this population.

23 11. Banning gender affirming medical and mental health care will cause devastating
 24 harm. An overwhelming amount of research shows that gender diverse youth face
 25 disproportionately high rates of mental health concerns, including depression, suicide, and self-
 26 harm. These disparities occur due to the systemic oppression transgender and gender non-binary
 27 youth face, including but not limited to stigma, discrimination, and barriers to accessing
 28 appropriate health care, such as gender-affirming care. The affected population of youth with
 29 gender incongruence is at risk to experience moderate to severe mental health symptoms and
 30 suicidality at rates upwards of 60%.

31 12. Research shows being able to access gender-affirming care among transgender
 32 and gender non-binary youth who want it, greatly improves their mental health and well-
 33 being. Transgender and gender non-binary youth who can access gender-affirming medical
 34 care during adolescence have lower likelihood of past year suicidal ideation compared to
 35 transgender and gender non-binary individuals who are unable to access this care until
 36 adulthood showing the direct importance of youth being able to access this care when they
 37 want and need it. Moreover, patients with gender incongruence who receive treatment in
 38 adolescence versus adulthood, experience lower rates of morbidity and mortality from the
 39 condition.

40 13. Stopping gender-affirming medical for youth will forcibly detransition youth
 41 against their wishes. There are also youth who are not “out” as transgender within their school
 42 DECLARATION OF CEO-MN-1

1 or home communities and this may lead to them feeling or being unsafe in these spaces, again
 2 opening them up to additional harms. Much like cisgender patients who have deficiencies in
 3 the appropriate sex hormones for their gender, transgender patients will suffer from severe,
 4 avoidable, physical, and psychological harms without this treatment.

5 14. Without being able to access gender-affirming care, and the increased hostility
 6 towards transgender and gender non-binary young people, these youth are even less likely to
 7 go to the doctor or hospital when they are ill as they generally feel less safe in their social
 8 environments. It is well known that transgender individuals avoid necessary medical care due
 9 to fears of discrimination. Banning this care would further decrease trust in medical
 10 institutions leading to less overall utilization of necessary medical services. For pediatric
 11 patients this would lead to decreased developmental screening, vaccination uptake, and delays
 12 in evaluation of medical concerns that place them at risk for severe bone and mineral disease,
 13 psychological instability, pain, discomfort, headaches, depression, suicidal ideation,
 14 dermatologic complications, and potential social disruption in their day to day lives.

15. The loss of youth gender medicine education and research funding at MN-1
 16 would lead to a reduction in the number of pediatric and medicine residents and fellows
 17 interested in training and practicing in Minnesota. All medical providers will provide care for
 18 transgender and gender non-binary individuals or their loved ones during their career.
 19 Banning gender care will leave these providers even less prepared to support this marginalized
 20 and at-risk group of patients.

21 16. In terms of greater public health harms, the loss of federal research funding
 22 will stall progress on science across the board. Not only will patients lose opportunities to be
 23 part of potentially beneficial research for them, but institutions will lose the opportunity to
 24 recruit and retain research-focused clinicians and faculty. This will have lasting effects on the
 25 institutions, even if these decisions are eventually changed or reversed.

26 17. I am aware of the Executive Order issued by President Trump on January 28,
 27 2025, entitled “Protecting Children from Chemical and Surgical Mutilation.” I am aware of
 28 the temporary restraining order issued by this court enjoining enforcement or implementation
 29 of Sections 4 and 8(a) of the Executive Order through February 28, 2025. I remain concerned
 30 about potential harms to MN-1, its providers, and its patients, unless further action is taken to
 31 limit the effects of this Executive Order.

32 18. Gender-affirming medical and mental health care is essential, evidence-based,
 33 and life-saving healthcare for gender diverse youth. Patients who cannot access gender
 34 affirming care through safe, clean, and well monitored systems will pursue unsupervised and
 35 unsafe methods of doing so. Others will forego this care and suffer many consequences which
 36 will lead to costly and worsened healthcare outcomes.

37 19. It is our duty to protect the lives of all children. Physicians are being asked to
 38 either ignore the immense risk of harm to the 1.4% of children who are gender incongruent or
 39 lose the funding that allows us to provide care to all children, no matter what their health
 40 concern. Choosing the health and lives of some groups of children over others is not

41 DECLARATION OF CEO-MN-1

42 ATTORNEY GENERAL OF MINNESOTA
 43 75 Rev. Dr. Martin Luther King, Jr. Blvd.
 44 State Capitol, Suite 102
 45 St. Paul, MN 55155
 46 (651) 296-3353

1 something that is permitted in the Hippocratic oath, and physicians may not withhold
2 treatment that science has proven to have clear benefits.

2 20. Providers are in an impossible situation, most of whom have taken professional
3 or ethical oaths to provide the best care for their patients, and yet their jobs and livelihoods,
4 are subject to harassment and may now be at risk due to executive orders that disregard the
evidence-base practices for what is the best care for transgender and gender non-binary youth.

5 I declare under penalty of perjury under the laws of the State of Minnesota and the
6 United States of America that the foregoing is true and correct.

7 DATED this 18th day of February, 2025, at Minneapolis, Minnesota.

8 
9 CEO-MN-1

10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
DECLARATION OF CEO-MN-1

ATTORNEY GENERAL OF MINNESOTA
75 Rev. Dr. Martin Luther King, Jr. Blvd.
State Capitol, Suite 102
St. Paul, MN 55155
(651) 296-3353